

Case No.: EQUUS-094A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Keith Andreasen, et al )  
Serial No.: 10/755,497 ) Examiner: unknown  
Filed: January 12, 2004 ) Group No.: unknown  
For: DIGITAL COMPRESSION GAUGE )  
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SUBSTITUTE DRAWINGS

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

Please find herewith for filing in the above-identified application FOUR (4) sheets of substitute, formal drawings..

Please charge any fees due to our Account Number 19-4330. This letter is enclosed in duplicate.

Respectfully submitted,

Date: Feb 9, 2004

By: B. B. Brunda

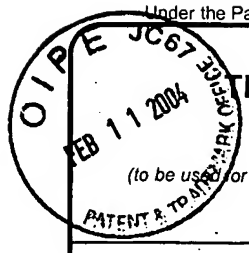
Customer No.: 007663

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Encl.

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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

Application Number	10/755,497
Filing Date	01/12/2004
First Named Inventor	Keith Andreasen
Art Unit	unknown
Examiner Name	unknown
Attorney Docket Number	EQUUS-094A
Total Number of Pages in This Submission	

## ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) substitute <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Bruce B. Brunda, Reg. No. 28,497 Stetina Brunda Garred & Brucker
Signature	<i>B. B. Brunda</i>
Date	2/9/04

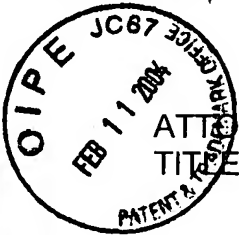
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Typed or printed name	Virginia R. North
Signature	<i>Virginia R. North</i>
Date	2-9-04

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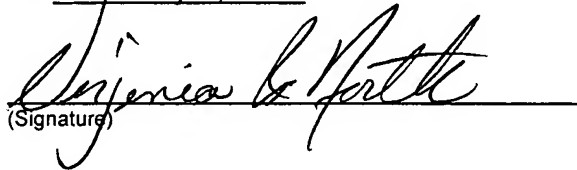
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TITLE: DIGITAL COMPRESSION GAUGE

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